

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Baton Rouge Clinic  
 c/o Edgar H. Silvey  
 7373 Perkins Road  
 Baton Rouge, LA  
 70808

## 2. Article Number

(Transfer from service label)

7006 0810 0004 5915 7812

PS Form 3811, February 2004

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

S. Holden

☐ Agent☐ Addressee

## B. Received by (Printed Name)

S. Holden

## C. Date of Delivery

07-23-07

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

2:06 CX 717-1D

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540